

## FEE TRANSMITTAL

Electronic Version v08

Stylesheet Version v08.0

Title of Invention	METHOD AND DEVICE FOR ANALYSIS OF A MEDICAL FLUID																							
Application Number :																								
Date :																								
First Named Applicant:		Mr. Peter Unger																						
Attorney Docket Number:		B0280US01																						
<b>TOTAL FEE AUTHORIZED \$ 810</b>																								
Patent fees are subject to annual revisions on or about October 1st of each year.																								
Filing as large entity																								
<b>BASIC FILING FEE</b>																								
<table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th>Fee Description</th><th>Fee Code</th><th>Amount \$</th><th>Fee Paid \$</th></tr></thead><tbody><tr><td>Utility Filing Fee</td><td>1001</td><td>770</td><td>770</td></tr><tr><td colspan="4" style="text-align: right;">Subtotal For Basic Filing Fees: \$ 770</td></tr></tbody></table>					Fee Description	Fee Code	Amount \$	Fee Paid \$	Utility Filing Fee	1001	770	770	Subtotal For Basic Filing Fees: \$ 770											
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<b>EXTRA CLAIM FEES</b>																								
<table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th>Fee Description</th><th>Extra Claim</th><th>Fee Code</th><th>Amount \$</th><th>Fee Paid \$</th></tr></thead><tbody><tr><td>Total Claims : 17</td><td>0</td><td>1202</td><td>18</td><td>0</td></tr><tr><td>Independent Claims : 2</td><td>0</td><td>1201</td><td>86</td><td>0</td></tr><tr><td colspan="4"></td><td style="text-align: right;">Subtotal For Extra Claims Fees: \$ 0</td></tr></tbody></table>					Fee Description	Extra Claim	Fee Code	Amount \$	Fee Paid \$	Total Claims : 17	0	1202	18	0	Independent Claims : 2	0	1201	86	0					Subtotal For Extra Claims Fees: \$ 0
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<b>ASSIGNMENT FEES</b>																								
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Recording Each Patent Assignment Per Property Fee	00000000	1	8021	40	40																			
					Subtotal For Additional Fees: \$40																			
<b>AUTHORIZED BILLING INFORMATION</b>																								
<b>The commissioner is hereby authorized to charge indicated fees and credit any overpayments to:</b>																								
Deposit account number:		032316																						
Access Code		*****																						
Deposit name:		Gambro, Inc.																						
Deposit authorized name:		John R. Merkling																						
Signature:		//jrm//																						

Date (YYYYMMDD):

2004-04-02

Charge Assignment Fees Required Under 37 C.F.R. Section 1.21 (h).

Charge Any Additional Fee Required Under 37 C.F.R. Sections 1.16 and 1.17.